

FOR OFFICE USE ONLY

Massachusetts Department of Workforce Development

Division of Apprentice Training



P.O. Box 146759

19 Staniford Street, 1st Floor, Boston, MA 02114

Compliance Officer Number: _____

Sponsor Number: _____

APPRENTICE STATUS

DATE

Date Entered

Completed / Certificate

Suspended

Cancelled

Military Service

Deceased

Fee: \$35.00 for photo ID (please include one passport size photo)

Apprentice ID Number

PRE-APPRENTICE AGREEMENT

Pursuant to the Standards of Apprenticeship adopted by the Sponsor and registered with the Massachusetts Division of Apprentice Training, the provisions of which are hereby made part of this Agreement, and in compliance with the Massachusetts Plan for Equal Employment in Apprenticeship Training, WITNESSETH: that the Agreement is entered into by the undersigned:

(Name of Pre-Apprentice)

(Address of Pre-Apprentice)

(Name of Program Sponsor) (Employer, JAC, JATC, Assoc. of Employers or Org. of Employers.)

(Cooperating Educational Facility)

TRADE: _____ TERM OF PRE-APPRENTICESHIP _____ HOURS .

DATE PRE- APPRENTICESHIP BEGINS: _____ PROJECTED COMPLETION DATE: _____

GRADUATED SCALE OF WAGES IN (PERCENTAGES TO BE PAID TO THE PRE-APPRENTICE. (PERCENTAGES ARE BASED ON JOURNEY PERSON WAGES)

[On projects where there is a prevailing rate set by law, the rate of pay shall be at the first step of the prevailing wage rate or percentages stated on the wage schedules issued by the Department of Labor, Division of Occupational Safety When determining ratio, pre-apprentices and apprentices are counted equally and jointly.]

Step - 1

Step - 2

Minimum Journey person rate as of (Date) _____ is \$ _____ per hour
NUMBER OF HOURS PER DAY AND TOTAL NUMBERS OF HOURS PER WEEK TO BE WORKED BY THE APPRENTICE.
_____ hours per day _____ hours per week. Overtime Rate: _____

The parties hereto agree that the terms stated on the reverse side of this form are part of this agreement

(Signature of Pre-Apprentice)

(Signature of Program Sponsor, Union, JAC, JATC)

(Signature of Parent or Guardian)

Address of Program Sponsor)

Approved by the Cooperating Educational Facility

Approved by College Tech Prep Director (If applicable)

Approved by the Division of Apprentice Training : _____ Date: _____

The Program Sponsor, the Pre-Apprentice, and their parent or guardian, by affixing their signatures in conformity with the terms and conditions provided herein, hereby agree to the following:

The Program Sponsor agrees to use its best efforts to employ and train the Pre-Apprentice in accordance with its officially adopted and duly registered Standards of Pre-Apprenticeship, such Standards to include a schedule of work process and provision for approximately 150 hours of related classroom instruction per year.

The Program Sponsor agrees to abide by all applicable provisions of the Massachusetts Plan for Equal Employment in Pre-Apprenticeship Training.

The Pre-Apprentice agrees to be diligent and faithful in learning the stated trade or craft including attendance of related instruction classes.

The parent or guardian (if the Pre-Apprentice is a minor) agrees that the Apprentice will comply with all obligations contained herein.

The first 60 days of employment shall be a probationary period during which time this Agreement may be canceled by either party with notification to the other and to the Massachusetts Division of Apprentice Training.

This agreement must be approved by and filed with the Division of Apprentice Training.

The Director of Apprentice Training may cancel the agreement subject to hearing upon application by any party.

The parties recognize that prevailing wage rates for public works projects are set by the Department of Labor and Workforce Development, Division of occupational safety and that the wages listed in these program standards do not supersede or replace the wage rates determined by the Division of Occupational Safety.

Completion of part or all of this last section of the Pre-Apprentice Agreement is MANDATORY. The information will remain confidential and will be used for aggregate statistical data only.

TO BE COMPLETED BY PRE-APPRENTICE (Please check, circle or fill in items as appropriate)			
SS#	-	-	(Date of Birth) (Phone)
<u>SEX</u>	<u>ETHNIC GROUP</u>		<u>DISABLED</u>
1. Male	1. White	2. Black	3. American Ind.or Alaskan Native
2. Female	4. Asian or Pacific Islander	5. Hispanic	6. Other
			YES
			NO

AFFIDAVIT BY PRE-APPRENTICE APPLICANT

Signature of Applicant: _____ Date: _____

State of Massachusetts, County of _____

_____ being duly sworn, deposes and says that he/she is the person referred to in the forgoing application; that the statements herein contained are true in every respect; and that he/she read and understands this affidavit.

Sworn and subscribed to before me this _____ day of _____

(Notary Public) Signature

(Notary Public) Print Name

My Commission Expires: _____

RETURN APPLICATION TO:

Division of Apprentice Training P.O. Box 146759, 19 Staniford Street, 1st Floor. Boston, MA 02114